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ABSTRACT

Without a suicide policy and programs in place, school boards may be held legally accountable. This brief describes the three major components of a suicide education program--prevention, intervention, and postvention. Elements of the primary prevention phase include a board-approved suicide-prevention policy, inservice programs for all staff, parental awareness programs, and suicide-prevention education for students. The intervention components of a school-suicide program include written assessment tools, the identification of at-risk students, parental involvement, provision of intervention services, and documentation of progress. Postvention actions include informing students, staff, and parents; offering grief-support services; and reemphasizing prevention and intervention strategies. A sidebar presents the results of the "Updating School Board Policies" reader survey about the newsletter's content. (LMI)

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Suicide Prevention, Intervention & Postvention: A Comprehensive Approach

by Judy Oaks-Davidson, Ed.D.

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Suicide Prevention, Intervention & Postvention: A Comprehensive Approach

by Judy Oaks-Davidson, Ed.D.

The statistics are frightening. National surveillance reports published by the Centers for Disease Control (CDC) on adolescent suicide identify suicide as the third leading cause of non-medically related death. Nearly one-fourth (24.1%) of students polled in a nationwide survey reported having seriously considered suicide during the 12 months preceding the survey. In a recent issue of the *Morbidity and Mortality Weekly Report*, (a publication of the U.S. Department of Health and Human Services), more serious suicide ideation was reported by 19 percent of those reporting. Nearly 9 percent (8.6%) of the survey participants had actually attempted suicide, with 2.7 percent requiring treatment by medical personnel. Although suicide rates for persons aged 20-25 years have declined recently, the rates for 16-19 and 10-14 year olds has increased significantly — 28.3 percent for youth aged 16-19 and 120 percent for children of the ages 10-14 years.

These statistics should be alarming enough to prompt school boards to develop a policy and comprehensive suicide program. Without a suicide policy and programs in place, school boards may be held legally accountable. In October 1991, (*Eisel v. Board of Education of Montgomery County, et al.*), the Maryland Court of Appeals ruled schools liable if a child commits suicide and school staff knew, or should have known, that the child was potentially dangerous to him- or herself. Indeed, the court ruling established that school staff are duty-bound to try to prevent suicide if the danger of suicide is foreseen.

What Should a Suicide Policy Include?

Available research suggests that suicide education programs must be systematically comprehensive and should include three major components: 1.) Prevention; 2.) Intervention; and, 3.) Postvention.

A review of prevention and intervention literature was conducted by Malley, Kush and Bogo (1994) who developed sixteen specific components for inclusion in a comprehensive suicide program. (Table 1) They suggested that the absence of any of these components limits the total effectiveness of the program. Further, they suggested schools that develop a written suicide policy statement are more likely to develop a comprehensive prevention, intervention and postvention program.

Prevention

Because the students at greatest risk of committing suicide are shown to be 10-

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Table 1

Components of a Comprehensive Suicide Program

from Malley, Kush & Bogo, 1994

1. Written formal suicide policy statement
2. Written procedures to address at-risk students
3. Staff in-service training and orientation to the program
4. Mental health professional on site
5. Mental health team
6. Prevention materials for distribution to parents
7. Prevention materials for distribution to students
8. Psychological screening programs to identify at-risk students
9. Prevention classroom discussions
10. Mental health counseling for at-risk students
11. Suicide reference materials for counselors
12. Suicide prevention and intervention training for school counselors
13. Faculty training in detection of suicide warning signs
14. Postvention component in the event of an actual suicide
15. Written statement that describes specific criteria counselors need to assess the lethality of potential suicide
16. Written policy that describes how the school-based adolescent suicide prevention and intervention program is evaluated

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14 year olds, effective suicide prevention should be taught prior to age 10 and should continue through high school. A suicide prevention curriculum should include warning sign identification techniques for students and a description of appropriate actions for reporting peers believed to be contemplating suicide. Additionally, a comprehensive K-12 death education curriculum can be effective in preparing students to cope and grow by accepting the losses they experience throughout their lives. The curriculum confronts all types of losses and encourages discussions about feelings, issues related to the age of the child, family changes, problem-solving strategies and mourning rituals. Teaching strategies should actively involve the child in expression of feelings and should clarify and answer questions raised by the students. Parents also must be engaged in prevention activities. This can occur through a school newsletter, educating them about suicide risks and warning signs, and informing them about appropriate steps to take in seeking assistance. The four primary components found in a successful suicide prevention program are shown in Table 2.

Table 2

Primary Prevention Components of a School Suicide Program

1. Board-approved suicide prevention policy
2. Inservice programs for all staff
3. Parental awareness programs
4. Suicide prevention education for students

Intervention

Intervention begins when a teacher identifies a student as a potential suicide risk and refers the student to the school counselor/psychologist for evaluation. If, after completing an evaluative screening, it is deemed appropriate, the counselor might refer the student to a community-based support group or mental health specialist for therapeutic counseling. The CDC has found that links between suicide prevention programs and community mental health agencies are not always well-established. It cautions those school personnel making referrals to develop and strengthen these links by encouraging collaborative efforts with these community sources. Strongly constructed service links between providers can and do increase the chances for successful achievement of program goals.

The school counselor and referring teacher should initiate contact with the parents to inform them about the student's problem as soon as the identification has been made. A phone call, followed by face-to-face discussions would be a logical way to proceed. If parents are resistant to seeking help, additional encouragement, supported by formal written contacts, is urged. All contacts whether in writing, in person or by phone must be documented and maintained in the student's confidential file. Students found to be at high risk should be asked to sign an anti-suicide contract that states they will seek assistance before they attempt to hurt themselves. Regular communication with the student should be maintained by the school counselor/psychologist, teachers, parents and community mental health provider to facilitate appropriate support until the crisis has abated.

Document, document, document . . .

It is important that careful documentation of intervention efforts be meticulously maintained. Failure to do so can result in otherwise avoidable legal proceedings. This occurred recently in a Florida school district. In *Wyke vs. Board of Education* (1995), *Polk County, Florida*, a case that involved a middle school student whose 1989 death was ruled a suicide by hanging, the court found that, as a result of the student's death, the school system was not liable for violation of federal civil rights but was liable for negligence under the state's wrongful death statute. Testimony in the case showed that the school was negligent by failing to notify the mother of the student's verbalization of suicidal ideation and an alleged suicide attempt at school. Although the mother was aware that the student had emotional difficulty and had requested counseling, it was the school's responsibility, ruled the court, to keep her informed. And, although the mother's prior knowledge of the student's mental instability resulted in the court reducing the settlement amount awarded her, the school district still had to pay $167,000 for its negligence. Having a comprehensive suicide prevention policy in place could have made a difference in the outcome of this case. If the Polk County schools had adhered to the primary intervention components of a school suicide prevention program,(Table 3), they may not have been ruled liable in this case and, more importantly, the student's life may have been saved.

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VOTERS POLLED

In a USA TODAY/CNN/Gallup nationwide telephone poll of 1,000 adults conducted January 5-7, 1996, 67 percent ranked ***Quality Public Education*** as the top priority issue in the 1996 presidential campaign. They said a candidate's stand on this issue would have an affect on their voting decision in the election.

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TABLE 3

Primary Intervention Components of a School Suicide Program

1. Development of written assessment tools
2. Identification of at-risk students
3. Parental involvement
4. Provision of intervention services
5. Documentation of process

Postvention

The primary concern in postvention is the provision of support services to assist students in addressing the circumstances of suicide death and grieving. However, conflict exists in the literature regarding appropriate steps to take in providing support services following a suicide. As a result, some school districts have adopted stringent policies that prevent attendance at funerals and memorial services of the deceased if the death was a suicide, in an attempt to minimize the affects of the suicide on the entire student body. Conversely, other school districts, perhaps following published guidelines of the American Association of Suicidology, have set school policy procedures that allow students to participate in funerals for suicide victims as would be considered normal and customary in other, non-suicide, student or faculty deaths. In either case, the grieving process must be allowed to unfold. In developing and selecting policy regarding attendance at funerals, for instance, the grieving process should be supported without glamorizing the suicide. It is important to consider students' needs when developing these policies. The postvention components of a school's suicide program are included in Table 4.

Students who have a need to participate in funerals as part of their grieving process should, if possible, be accompanied by their parents. Information about the death, normal reactions to loss based upon student age, and helping parents with responses they may employ with their children should be made available by the schools. Collaboration with community mental health providers to provide professional counseling as needed for students and families also should be utilized.

Suicide Contagion

A completed suicide is considered a high-risk death and with it comes a residual danger – it may lead other affected students, unable to process the loss, to also commit suicide. Described as suicide *contagion*, this condition is associated with newspaper and television coverage of suicide. Efforts have been initiated to curtail this reporting to reduce the number of additional suicide deaths. The CDC has recommended that, although suicide can be newsworthy, the way in which it is reported can promote contagion. All parties need to be aware that scientific evidence exists that news coverage may contribute to additional suicides. The CDC cautions news agencies to refrain from presenting simplistic explanations for suicide; engaging in "repetitive, ongoing or excessive" suicide reporting; providing sensationalized coverage; reporting "how-to" suicide methods; presenting suicide as an accomplishment or glorifying persons who commit suicide, or focusing on the suicide victim's positive attributes. All of these reporting methods may contribute to an increased desire in affected persons, especially adolescents, to commit suicide. The school board should incorporate into its policy on suicide prevention sections that address the phenomenon of suicide contagion. School boards need to exercise caution when developing a suicide related news release. In the event that media coverage "twists" the facts of the incident, well-documented statements can make all the difference if responding to their reports becomes necessary.

Identification of affected students, then, is vitally important since adequate support services can be provided that facilitate healing and forestall additional injury and or death. Postvention efforts should include a thorough review of prevention information which completes the cycle of services.

TABLE 4

Primary Postvention Components of a School Suicide Program

1. Inform staff, students and parents
2. Offer grief support services
3. Re-emphasize prevention and intervention strategies

Program Implementation

Numerous researchers advocate a multi-focused comprehensive approach to the crisis of suicide that can be implemented through regular staff development programs. In 1989 the U.S. Department of Health and Human Services *Report on the Secretary's Task Force on Youth Suicide* recommended the following staff development guidelines:

- Furnish information on acute and chronic risk factors for youth suicide.
- Provide information on behavioral manifestations of depression, schizophrenia and conduct disorders in the school setting.
- Supply information and sources for referring students at-risk.
- Train in communication skills to approach and engage children at-risk and their families.
- Develop plans for school systems to respond to student deaths or suicides.
- Encourage positive emotional development of youth and emphasize the importance of experiences to enhance self-concept.

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And, in the CDC's *Youth Suicide Prevention Programs: A Resource Guide*, five recommendations, or strategies, for incorporation into a suicide prevention program are described. These include:

1. Ensuring a strong link between suicide prevention programs and community mental health resources.
2. Avoiding reliance on one prevention strategy.
3. Incorporating promising, but under used, strategies into current programs when and wherever possible.
4. Expanding prevention efforts for young adults.
5. Incorporating evaluation efforts into suicide prevention programs.

A comprehensive suicide program is an on-going process that involves all school personnel, students, parents and community mental health providers. It contains: staff development in prevention education and identification of high risk students; introduction of a comprehensive death education curriculum that includes suicide prevention; engagement of parents through a variety of methods; identification of high risk students by teachers and counselors; assessment of risk and referral for counseling through community mental health; and, postvention services for parents, students and staff. For adequate effectiveness, there should be no end to the suicide prevention cycle. Regular review of prevention education materials and assessment of risk and referral for counseling as needed should be an ongoing process.

Summary

School personnel should be informed that suicides are preceded by repeated losses, perceived failures, conflicts in interpersonal relationships, and other problems that exceed the student's personal resources and coping abilities. The personal issues that lead to a completed suicide are complicated and can not be minimized. Adoption of a comprehensive suicide policy by school boards and implementation of a multi-focused program, accompanied by educational resource materials for teachers, counselors, administrators and parents working with community mental health providers, are needed if current suicide trends are to be reversed. Annual review of policy procedures to identify students at risk and protocols to respond to students, coupled with program evaluation by a crisis intervention team, (see *Updating School Board Policies*, Vol. 26, No. 3, 1995, p.13), are essential in keeping staff informed about the problem of suicide and aware of their roles in suicide program prevention, intervention and postvention.

Reader's Survey Results

The results of the *Updating School Board Policies* **Reader's Survey** are in. The majority of those who responded to the survey are pleased with the newsletter's content. Eighteen percent report they are always satisfied with *Updating* and 41 percent report they are usually satisfied. Six percent said they were dissatisfied.

Asked to assess the regular sections of *Updating*, survey respondents judge Trends (94%), CourtView (89%), lead articles and Policy Advisor (88%), Healthline (83%) Advocacy in Action (82%) Tips 'n Techniques (76%), and Tech Tips (70%), as either very or somewhat helpful.

Ninety-four percent of the survey participants feel that *Updating's* timeliness of content is good to excellent. The newsletter's usefulness to readers and appearance/design also is rated as good to excellent by 88 percent of the respondents. Readability was selected by 89 percent as either good or excellent.

Forty-one percent of the survey respondents feel the length of *Updating* articles is "just right." However, 12 percent think the articles lack detail and a combined 24 percent believe that the articles are either too long (18%) or too short (6%).

Responding to the question that asked how many times in the past year articles from *Updating* were used to help solve a problem or initiate change in their school district, 6 percent reported using articles 10 or more times, 18 percent used articles three to nine times, and 53 percent used them once or twice. Eighteen percent reported that they never used information from *Updating* articles to address issues in their school districts.

Perhaps the best information gathered in the survey came from the final section that asked participants to list three issues/topics they believe deserve to be addressed in an *Updating* article. Of the 40 responses, only three could be considered as repeats. This supports conjecture that school board members are confronted by a wide variety of issues and are involved in numerous activities that affect the public schools. Topic suggestions include technology issues, violence in schools, financing school construction, developing more democratic school administration, charter schools, parental involvement and performance pay for teachers. Naturally, many of the suggested topics will be covered in future issues of *Updating* beginning with the lead article, *School Boards' Legal Status - Holding the Course or in Jeopardy?*, appearing in this edition.

Because the time constraints placed on board members and superintendents are many, I thank those of you who took the time to complete the Reader's Survey. Your input makes it possible to provide more of the information services needed to support your school governance efforts.

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